

SUMMER CAMP 2016 REGISTRATION FORM

TEEN ADVENTURE DAY CAMP

RISING 8TH-10TH GRADERS (Time: 8:00am - 4:00pm)

Please refer to "Leisure Times" for full summer camp details. Please print clearly!

CAMPER'S NAME	Date of Birth	Gender M F
Address	Grade in Fall 2016	City of Fairfax Resident?
		Yes No

GUARDIAN NAME	Email	Home Phone
Address	Cell Phone	Business Phone

2nd GUARDIAN NAME	Email	Home Phone
Address	Cell Phone	Business Phone

FULL SUMMER (6/29–8/19, no camp 7/4)	Session A (6/29–7/1)	Session B (7/5–7/15, no camp 7/4)	Session C (7/18–7/29)	Session D (8/1–8/12)
___\$1099	___\$125	___\$375	___\$415	___\$415

Image Release: I hereby grant permission to the City of Fairfax to utilize any photograph, videotape, recording or other record of my child's participation in the program for legitimate purpose. **Please check:** ___YES ___NO

Assumption of Risk: I certify that I am older than age 18 and/or the legal guardian of the participant. Due to strenuous nature of some activities, the Parks and Recreation Department encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant or parent/guardian consents to emergency treatment. Also, student and parent understand and expressly assume all risk of all bodily injuries and property damages which might arise from my participation in all City of Fairfax activities in the Parks and Recreation department.

I agree to all the policies and procedures as indicated in the Leisure Times and Parent Handbook including Refund Policy

Signed: _____ **Printed:** _____ **Dated:** _____

PAYMENT INFORMATION

___ Pay in Full ___ Payment Plan ___ Check ___ Cash ___ Credit

Late Fee: For those who chose payment plan there will be a 5 business day grace period then a \$25 late fee will be incurred every five working days thereafter.

CREDIT CARD INFORMATION *required for all payment plans*

Name as it appears on card: _____ Card type: ___ Visa ___ Mastercard ___ AmEx ___ Discover

Credit Card Number: _____ Expiration Date: ____/____ Security Code: _____

Signature _____

All Emergency Contact/Health History Forms must be completed and handed in before June 20th 2016.

Forms can be found on www.fairfaxva.gov/parksrec

